



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3723

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                         | GROUP ART UNIT              | ATTORNEY DOCKET<br>NO.  |                                |
|---|---|-------------------------------|-----------------------------|---|--------------------------------|
| 10/736,335  | 12/15/2003<br>RULE  | 345                           | 2629                        | 84328SHS  |                                |
| <b>APPLICANTS</b><br>William A. Orfitelli, Pittsford, NY;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/23/2004  |   |                               |                             |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/KEITH L CRAWLEY/</u><br>Examiner's signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWINGS</b><br>2 | <b>TOTAL CLAIMS</b><br>7  | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Pamela R. Crocker<br>Patent Legal Staff<br>Eastman Kodak Company<br>343 State Street<br>Rochester, NY 14650-2201<br>UNITED STATES   |   |                               |                             |   |                                |
| <b>TITLE</b><br>Display apparatus and method for enabling artifact-free rapid image format changes  |   |                               |                             |   |                                |
| <b>FILING FEE RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               |                             | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |